

Navy Environmental Health Center (NEHC)

Step-by-Step Guide To Implement the Periodic Health Assessment (PHA):

A Systems Approach

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Introduction

The Periodic Health Assessment (PHA) is a multi-component process that will ensure service members are ready for deployment, ensure individual medical readiness data is recorded, and deliver evidence-based clinical preventive services.

Although specialty exams will still be provided, routine periodic physical examinations are no longer required for active duty personnel including flag officers. Every Navy and Marine Corps member will receive a PHA annually, preferably during birth-month recall.

Research has shown that the routine physical exam is neither cost-effective nor efficient for improving health within a young healthy population. Therefore, in addition to providing clinical preventive service, the PHA will address prevention of disease and injury by focusing on prevention strategies each member can incorporate into his or her lifestyle.

The PHA process requires a significant degree of coordination and cooperation between service provider groups. All of these groups must acknowledge their responsibility to complete their portions of the PHA in a timely and efficient manner.

The PHA includes few new services; rather, the PHA defines the health assessment process as a combination of many functions currently performed in primary care areas. The member will continue to receive various services from multiple sources, (e.g., primary care, dental, occupational medicine, immunizations, preventive medicine, etc.). The PHA process will verify that each member has received appropriate clinical screening, immunizations, treatment, and education.

Each commanding officer is responsible for their members scheduling and completing the PHA. Medical treatment facilities and departments will adequately support the process by assigning appropriate staff and resources.

In this document, which describes a “systems approach,” the PHA Coordinator will consider how local “systems” work together in order to coordinate services. Due to the different settings in which Sailors and Marines work and receive health care, this document will serve only as a planning template and suggest issues that need to be addressed, rather than direct one process to be uniformly followed.

Essential Elements of a System for Delivering Preventive Services

This guide explains how to develop a system to effectively plan, implement, and deliver PHA services in various settings, including clinical preventive services (CPS), in Shore-based medical treatment facilities, Fleet-based medical departments, and Reserve commands. Although systems and processes will vary among these settings, the following steps will help you design a system appropriate to your local command. These steps are described briefly below:

1. Define staff roles for implementing PHA
2. Establish preventive care protocols and standards
3. Determine patient and material flow
4. Audit your PHA process continually
5. Readjust and refine your process and standards

Define Staff Roles for Implementing PHA

Completion of the PHA process requires command support. Per BUMEDNOTE 6110, 16 Feb 2006, a PHA is to be performed annually for each service members within 30 days of their birthday, when feasible. Commanding Officers and OICs of medical treatment facilities and medical departments tasked to conduct the PHA must clearly define the required resources and processes to most efficiently complete the PHA. The Admin Message on Lessons Learned ([Admin Message R 171426ZSEP02](#)) recommends that a Command Champion be designated to oversee local PHA policy development and to coordinate implementation along with key departments that are involved in providing the PHA, e.g., primary care, women's health, occupational health, aviation/undersea medicine, physical exams, health promotion, command fitness, immunizations, POMI, Fleet liaison and dental.

No single medical department is specifically tasked with “conducting” the PHA, since the process entails providing, recording, and monitoring multiple healthcare services. Rather, the PHA process needs to be coordinated between these service groups to ensure that the service members receive appropriate care in the most efficient manner. For example, a health promotion director or primary care provider might be assigned as the lead for the PHA process. He or she would then coordinate with a point of contact from dental, occupational medicine, POMI office, women's health clinic, immunizations, laboratory, and optometry in order to establish patient-flow patterns and referral procedures. A PHA Working Group that incorporates the input from these key individuals can alleviate many problems that can occur initially.

Establish Preventive Care Protocols and Standards

Navy Medicine uses The Manual of the Medical Department (MANMED) for standard operating procedures (SOP). MANMED is the resource used by the Fleet to reference medical issues for active duty personnel. Chapter 15 contains recommendations for the women's annual health maintenance examination. The Periodic Health Assessment Instruction (OPNAVINST 6120.3a) provides a protocol that contains the Navy and Marine Corps requirements for the PHA (Appendix 1). An updated version of this instruction is expected to be released soon.

ADMINISTRATIVE MESSAGE R 261801Z MAR 02 provides all Naval Commands, Medical/Dental Treatment Facilities and operational units with recommendations for implementation of PHA (Appendix 2).

The PHA uses evidence-based protocols for the delivery of preventive services, as guides to practicing minimum acceptable standards of preventive care. The basic references for healthcare providers completing the PHA will be the Guide to Clinical Preventive Services, 2nd and 3rd Editions, compiled by the U.S. Preventive Services Task Force (USPSTF). In the absence of other directions, providers will adhere to the USPSTF recommendations.

- The *Guide to Clinical Preventive Services*, 2nd Ed., provides evidence-based recommendations on clinical preventive services from the USPSTF, which includes screening, counseling, and recommendations for immunizations and chemoprophylaxis.
- The *Guide to Clinical Preventive Services*, 3rd Ed., provides incremental release of new recommendations in an online format only.
- The *Clinician's Handbook of Preventive Services*, 2nd Ed., includes recommendations from 52 major medical authorities, including the USPSTF.
- The National Committee for Quality Assurance sponsors the Health Plan Employer Data and Information Set (HEDIS), a set of standardized performance measures for health care prevention and treatment. Many plans base their preventive care standards on HEDIS performance measures.

Determine Patient and Material Flow

Each PHA implementation site should specify the order and timing of each of the required services. Members will be provided with clear directions on how to access the process and what they can expect.

Each site should prepare a detailed document that describes the process of the PHA. Sample flow sheets will be provided to assist sites in organizing their processes:

- Who will be responsible?

- What will each staff member and service member be assigned to accomplish?
- When will each service be provided?
- How will services be verified and recorded; how will members be referred for services?
- Where will the services take place?

Annual Review

The PHA requires an annual face to face appointment with a member of the health care team, e.g., corpsman, physician assistant, nurse, physician, etc., to complete any additional requirements and verify completion of the PHA. Recognize however that components of the PHA may have been completed at different times throughout the year. Whenever a preventive service is completed, the healthcare provider should document the encounter on the DD Form 2766.

Determine Recall Process

The preferred method of completing the PHA is during each service member's birth-month, which will result in a steady workload for healthcare staff throughout the year. Although the requirement for routine physical exams has been deleted, the PHA can also be combined with other specialty physical exams, such as aviation medicine or dive physicals. Though Primary Care Managers should be the primary PHA providers, PHAs may also be conducted through the occupational medicine clinic or Women's Health Clinics.

Determine Documentation Process – Delivery and documentation of services are central to the PHA process. In fact, BUMEDNOTE 6110, 16 Feb 2006 requires certain Individual Medical Readiness data to be recorded in one of three databases (HLTA, MRRS or SAMS). All healthcare providers will use the Adult Preventive and Chronic Care Flow Sheet, DD Form 2766, to document clinical preventive services during the PHA. Documentation of immunizations will be made using one of the three authorized computer system for each site. A designated SF600 form, Chronological Record of Medical Care, will be used by all sites to document activities during the face to face meeting and completion of the PHA process.

Audit Your PHA Process Continually

Monitoring performance helps determine how well a command or clinic is implementing PHA. After establishing the patient flow process for the PHA, ask the other departments and stakeholders to review the process for problems and suggestions for improvement. Monitor when a member checks in, by birth month recall or another method your facility has chosen, to verify that the process works.

After establishing a process for implementing PHA, you will be ready to establish objectives for the process. Goals should include quality assurance items such as a review of audited records by the supervisor or the tracking of patient waiting time, number of referrals for follow up, or satisfaction by the service member with the PHA process.

Readjust and Refine Your Process and Standards

Based on the results of your audits, you may decide that the PHA clinic requires addition staffing or a different mix of skills. Discuss recurring problems with any of the other medical sections supporting the PHA process.

Consider Using Consultants for Technical Assistance

One of the most frequently cited predictors for the success of delivering CPS is the use of outside facilitators to help establish and analyze the system for preventive services delivery, to facilitate the group process needed for implementation, and to help identify obstacles and ways to overcome them. Researchers also identified the involvement of internal facilitators who serve as program champions as predicting successful program initiation. Consultants can assist with the nuts and bolts of implementation. They add perspective, teach staff how to collect data and assess the organization, assist staff in overcoming organizational barriers, and facilitate planning and implementation efforts as needed by each practice.

Concerns about system-wide problems and policy issues should be referred to BUMED. The Navy Environmental Health Center provides technical assistance. Their web site is <http://www-nehc.med.navy.mil/hp/> . Click on “Periodic Health Assessment”.

Points of Contact

BUMED	202-762-3497	DSN 762-3585
NEHC	757-953-0962	DSN 377-0962

Worksheet to Assess Current PHA Requirements

PHA Requirements

Which departments currently provide PHA services?

How do members access each healthcare service related to the PHA?

How do we document current PHA services? Can we retrieve all required data?

For which commands do we currently provide the PHA?

What policies and procedures do we have in place for providing PHA requirements?

Policy and Guidance

Have all stakeholders become familiar with the policy document, i.e., Navy Instructions?

Which forms are to be utilized?

Are there policy issues that will become barriers to implanting the PHA?

Have implementation tools been provided?

Staff Roles

Who is appointed to be the PHA Champion for the medical support activity?

What are the specific staff responsibilities for each components of the PHA?

What are the required qualifications for each staff role?

How many staff are required to complete PHAs for all supported commands?

Who will document the delivery of each of the clinical preventive services and other PHA requirements?

Worksheet to Assess Current Clinical Flow

When analyzing clinical flow, consider who the person encounters during a medical visit and what is done at each step of the visit. Such an analysis can provide a foundation for improving clinical efficiency and effectiveness. Organization of clinical systems and patient flow, and productive use of staff members' skills, can improve the PHA process. Use the following exercise to review your current clinical flow, to note which staff members perform which functions, and to note when each service is documented. Use the following Sample Current Clinical Flow as a guide.

Sample, Simple Clinic Flow

Screening

- The member checks in and is asked to wait in the waiting room. Self-assessment tools may be completed.
- The corpsman measures height, weight, blood pressure and visual acuity.
- The corpsman or nurse reviews the medical record for recommended screening tests and immunizations. PARFQ is also reviewed.

Counseling

- A health educator or nurse provides targeted, patient-centered counseling for healthy lifestyles.
- A nurse or IDC will review the medical record to ensure completeness of the PHA requirements.
- A nurse or IDC will refer the member for additional PHA services as appropriate.

Clinical Review

- The credentialed provider reviews the HART and prescribes a management plan for identified medical conditions.
- The credentialed provider will initiate specialty follow up for health problems.
- The credentialed provider will certify the member's PRT status.
- The credentialed provider will sign the completed SF600.

Use the following boxes to record each step of your current clinical flow and to identify how your clinical setting might implement a PHA visit and provide the requirements of the PHA. Specify with whom the AD person meets and interacts and briefly describe the nature of the interaction. Identify when forms are completed and when PHA services are documented.

Preparing for the PHA

How does each member schedule a PHA appointment?

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Is the medical record requested and reviewed prior to the appointment?

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What documents or items does the member need to bring to the appointment?

--

Screening

Who reviews the medical record to verify PHA requirements?

--

Will a tool be used to assess lifestyle behaviors that affect health?

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Will a tool be used to assess the risk for disease?

--

Counseling

Is the process for patient-centered prevention counseling clearly defined?

How are sensitive topics handled by the counselor?

Does counseling also include secondary and tertiary prevention counseling that addresses acute and chronic medical problems?

What qualifications do the counselors possess to adequately do this task?

Clinical Review

Who will interpret the documentation of medical issues and screening tests contained in the medical record?

Who will respond to and assess the health concerns expressed by the members?

Which providers are specifically assigned to verify satisfactory completion of the PHA?

Worksheet for Evaluation and Quality Improvement

What PHA process metrics will be tracked?

What PHA impact metrics will be tracked?

What outcome metrics will be tracked, if any?

How will the performance of the staff be measured?

How will patient satisfaction be assessed?

How has the PHA process improved health and readiness? What “gap” in services has been improved?

Appendices

1. OPNAVINST 6120.3xx Periodic Health Assessment
2. ADMIN MESSAGE xxxx DATE06